		10.73° . 0.5° 2018
UNITED STATES HOUSE OF REPRESENTATIVES For New Mem	FORM B For New Members, Candidates, and New Employees	LEGISLATIVE RESOURCE CENTER
Name: Charlotte Bergmann Daytime Tel	Telephon	U.S. HOUSE OF REPARSENTATIVES
New Member of or Candidate for State: \\ U.S. House of Representatives District: \\ U.S. House of Representatives District: \\ Candidates - Date of Election: \\ \text{Novembes do 3018}	Check if Amendment	(Office Use Only)
STATUS New Officer or Employee Staff Filer Type (If Applicable): Employing Office: Shared Principal Assistant	Perjod Covered: January 1, 2018 stant o Soptembee 1, 2018	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QU	QUESTIONS	
A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ig the reporting Yes No X
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	arrangement with an Yes No
D. Did you, your spouse, or your dependent child have any reportable Yes No No Ilability (more than \$10,000) at any point during the reporting period?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a Yes No
ATTACH THE CORRESPONDING SCHEDULE IF YOU THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE	SCHEDULE IF YOU ANSWER "YES" LES THAT YOU ARE REQUIRED TO COMPLETE	S" COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTH</u> OF THESE QUESTIONS	ION - ANSWER <u>BOTH</u> OF THESI	E QUESTIONS
TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" ne from this report details of such a trust that benefits you, your spouse, or dependent child?	ain other "excepted trusts" need not be disclosed. Have you excluded	Have you excluded Yes 🔲 No 🔀
EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.	s of a spouse or dependent child because they meet all three tests for	et all three tests for Yes No No

SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name Charlotte Dulgmann

Page____of_____

Ponsion-Fox	Social Sociality		FODGE Company States	Rowe Price	ABC Hedge Fund X	Examples: Simon & Schuster	SP, EIF DC, Mega Corp Stock	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For rental and other real property held for investment, provide a complete address or description, e.g., "rental property," and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the I'nth Savings Plan. If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box. If you have a privately-traded fund that is an excepted investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left.	For all iRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Provide complete names of stocks and mutual funds (do not use only ticker symbols).	Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income furing the year.	Assets and/or Income Sources	BLOCK A
								None >>					
						_		\$1-\$1,000 co	4	*Column M child in whi	ate valuation wall		
\J	X		\simeq	X		ndefinite		\$1,001-\$15,000	-	Miss Miss	alue c lation met et wa		
ζ.	$\hat{}$	~	-	_		- ₹	×	\$15,001-\$50-000	-	or as	meth hod t as so	_	l
		-			-	╁	 ^	\$50,001-\$100,000 m \$100,001-\$250,000 m	-	be "None." *Column M is for assets held by yo child in which you have no interest.	etat. nodo ised. seitg	Value of Asset	
					×	+		\$250,001-\$500,000 p		neld &	close ther t tring enera	0	вгоск в
		ļ			†	T	1	\$500,001-\$1,000,000 ±		y you	of the	S	χ̈́
					<u> </u>	1		\$1,000,001-\$5,000,000		be 'None." 'Column M is for assets held by your spouse or dependent child in which you have no interest.	Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold during the reporting period and is included only because it generated income, the value should	set	
								\$5,000,001-\$25,000,000		9SDC	orting arket ting p		
								\$25,000,001-\$50,000,000 *		or de	perio value value		- 1
						\perp	ļ	Over \$50,000,000	_	pend	e sho		- 1
						-	ļ	Spouse/DC Asset over \$1,000,000* ∠					_
								NONE	1	for assets held in taxable "None" if the asset gene during the reporting period	Check all colur that generate to 401(k), IRA, or to the "Tax-Defer interest, and		
			~	' -	' 	<u> </u>	×	DIVIDENDS	_	the	k all jener Tax-		- 1
			ļ			1	ļ	RENT	1	the repo	ate t	₹	Į
						\perp		INTEREST	1	in ta	79d	8	믿
					<u> </u>	\perp	<u> </u>	CAPITAL GAINS	_	xabi ger perio	nat a feme ccou	Ť	BLOCK C
						L		EXCEPTED/BLIND TRUST		nerate d.	ns that apply. Fo x-deferred income x-deferred income 29 accounts), you get column. Capital gains,	Type of Income	ဂ
_	-			X				TAX-DEFERRED		9 0 E	For youn	ne ne	- 1
Relien	Refigue	Paetryk hie two			Partnership Income	Royalties		Other Type of Income (Specify: e.g., Partnership Income or Farm Income)		for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.	Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the "Tax-Deferred" column. Dividends, interest, and capital galax, even if		
								None —		Ŝ.			
			بحر	بر			×	\$1-\$200 =		Column XI	asset italig ck "N		
					ļ	\perp	ļ	\$201-\$1,000			s for dicat ains		
					<u> </u>	\perp	ļ	\$1,001-\$2,500	, I	for a	which of the of no		
.2.	y_					×		\$2,501-\$5,000		asset	n if a		
7	-	X			×	-		\$5,001-\$15,000 \(\leq \)		s hek	gory gory me w		ı
	_	-			-	+	-	\$2,501-\$5,000 < Creen t Year S5,001-\$15,000		d by 1	cked of in ester as ea		
					-	+		\$100,001-\$1,000,000		/our t	Tax- come t, mu		- [
						1		\$1,000,001-\$5,000,000 ×		spon:	Defe by by or ge	>	
						1		Over \$5,000,000 ×		se or	energ	Jou	
						T		Spouse/DC income over \$1,000,000° ≚		is for assets neld by your spouse or dependent child in which you have no interest	For assets for which you checked "Tax-Deferred" in Block C, you may check the "None" column. For all other assets indicate the category of income by checking the appropriate box below. Dividends, interest, and capital galins, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if no income was earned or generated.	Amount of Income	BLO
								None -		inder	# G.C.C.	<u>=</u>	BLOCK D
			×	$\overline{\lambda}$				\$1-\$200 =		3	ppro sinc	OOL	Ĭ
							×	\$201-\$1,000 =		3	u ma priate ome	T O	
						_		\$1,001-\$2,500 <		¥hici	box		
					_			\$2,501-\$5,000 < ccccccccccccccccccccccccccccccccc		h you	belo asse		
سکید.	1	, ,				×	-	\$5,001-\$15,000 < C		have	# ₹ °.		
					×	+		\$15,001-\$50,000 \(\leq \frac{1}{2} \)		36	Divide in		
		_				\vdash		\$50,001-\$100,000 ≦ 500,001-\$1,000,000 🔀	1	ntere	sxet o		Ì
	_					-		\$1,000,001-\$5,000,000 ×		is.			I
								* * **************************					
						+		Over \$5,000,000 🔀			or all		

					Т		ᅻᄝᆠ		
							ASSET NAME EIF		BLOCK A Assets and/or Income Sources
								None >	
								\$1-\$1,000 to	
								\$1,001-\$15,000 G	
								\$15,001-\$50,000	
								\$50,001-\$100,000 m	\langle
								\$100,001-\$250,000	BLOCKB Value of Asset
								\$250,001-\$500,000 ග	BLOCK B
								\$500,001-\$1,000,000 ±	As G
								\$1,000,001-\$5,000,000 —	set
								\$5,000,001-\$25,000,000	
								\$25,000,001-\$50,000,000	
								Over \$50,000,000 ~	
			1			1		Spouse/DC Asset over \$1,000,000° ≤	
								NONE	
			1 1	$\overline{}$		1		DIVIDENDS	
	1 1 1	1 1		1	_			RENT	_
	+ + +	-	+		/	/		INTEREST	BLOCK C Type of Income
			 -		+	\leftarrow	\vdash		BLOCK C
	+		1		_/_	—		CAPITAL GAINS	r Inc
			1		<u> </u>	1		EXCEPTED/BLIND TRUST) Orr
				$\overline{}$	-			TAX-DEFERRED	ō
								Other Type of Income (Specify: e.g., Partnership Income or Farm Income)	
								None —	
								\$1-\$200 =	
			1		\perp			\$ 201-\$1,000 ≅	
								\$1,001-\$2,500 <	
								\$2,501 \$5,000 < C	
								\$2,501 \$5,000	
								\$15,001-\$50,000 ≦	
								\$50,001-\$100,000 ≦	
					<u> </u>			\$100,001-\$1,000,0 0 0 😾	
								\$1,000,001-\$5,000,000 ×	A S
								Over \$5,000,000 ≥	ou _E
								Spouse/DC Income over \$1,000,000*	BLOCK D
								None –	* X
	4							\$1-\$200 =	BLOCK D Amount of Income
								\$201-\$1,000	ne
								\$1,001-\$2,500	
					ļ			\$2,501-\$5,000 \< @	
								\$5,001-\$15,000	
								\$2.501-\$5,000 <	
								\$50,001-\$100,000 ≦	
		1 1	1 1			t		= = = = = = = = = = = = = = = = = = = =	
<u> </u>			1	_ _	-			¥100,00741,000,000	
								\$1,000,001-\$5,000,000 ×	
			= 13		1 2			¥100,00741,000,000	

SCHEDULE C - EARNED INCOME

Name: Charlotte Dugnam Pai	Page of S
r than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer he source for other spouse earned income exceeding \$1,000. See examples below.	porting period. For both the filer

List the source, type, and amount of earned income from any source (other and filer's spouse, list the source and amount of any honoraria. List only the EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

	l	A	Amount
Source (miciade date of receipt for nonorana)	Type	Current Year to Filing	Preceding Year
	Honorarium	\$0	\$500
EXAMPIES: Civil War Roundtable (Oct. 2) Ontario County Board of Education	Spouse Speech Spouse Salary	\$0 N/A	\$1,000 N/A
,			
Angelic Visits	Income	#32 650	£84,CI#
	5 5 5 5 10		
	,		

SCHEDULE D - LIABILITIES

Page_

period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

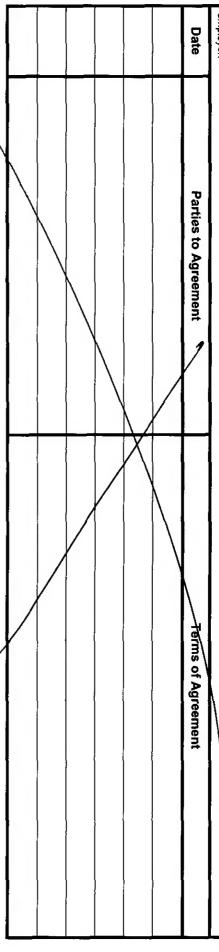
						Ω		4
				4.5		DC, JT		
	Base	Boug clay?	Amen	34Auc	Example			
	baselay Bank	clay Frank	American Sypress	Suntrast Bank	First Bank of Wilmington, DE	Creditor		
/	101/16	01/16	1/18	12/16	5/98	Date Liability Incurred MO/YR		
	Ared. + March	Credit Gard	Credit Cored	Crudit Card	Mortgage on Rental Property, Dover, DE	Type of Liability		
	×	X	×	×		\$10,001- \$15,000	>	
						\$15,001- \$50,000	60	
						\$50,001- \$100,000	6	
					×	\$100,001- \$250,000	0	D
						\$250,001- \$500,000	th	Amount of Liability
						\$500,001- \$1,000,000	71	of Lia
						\$1,000,001- \$5,000,000	6	bility
						\$5,000,001- \$25,000,000	I	
-						\$25,000,001- \$50,000,000	<i>,</i> –	
						Over \$50,000,000	٠.	

SCHEDULE E - POSITIONS

or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting period and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years. Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership,

		Position
		Name of Organization

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.



SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

Source (Name and City/State)	
Comment of the contract of the	Brief Description of Duties
Example: Doe Jones & Smith, Hometown, Homestate	